

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 143800001		CITY OR TOWN	WESTBOROUGH
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
	BERTUCCI'S RESTA A BERTUCCI'S ITAL		NT	YEAR
ADDRESS 160 TUI	RNPIKE RD.			
CITY/TOWN: WES	STBOROUGH	STATE: MA	ZIP CODE:	01581
MANAGER: PETE LYFO	ER A. TYPE ORD, JR	OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSI		MAIL ADDRESS	
FULL SERVICE ITA	LICENSED PREMISES ALIAN RESTAURANT REAR EXITS. ONE F	WITH ONE MA		
	ee has complied with all ses are now open for bus	siness (If not expl	ain below)	o taxes; and
DATE:	TELEPHONE I	NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	l by the building inspe	ctor and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	uin)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 143800002		CITY OR TOWN	WESTBOR	OUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	: IVC WHH WESTBO	ROUGH LLC			
DOING BUSINESS	S A DOUBLETREE HO	TEL-WESTBOR	OUGH		
ADDRESS 5400 CO	OMPUTER DRIVE				
CITY/TOWN: WE	STBOROUGH	STATE: MA	ZIP CODE:	01581	
	UNKETT, TYPE DMAS JOHN	OF LICENSE: Int	nholder Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	LICENSED PREMISES				
	I HOTEL WITH RESTA S. HOTEL IS TWO FOU				NG AND
I hereby certify and	swear under penalties of	perjury that:			
1. the renev	wed license will be of the	e same type for the	same premises now	licensed;	
2. the licens	see has complied with all	l laws of the Com	monwealth relating to	taxes; and	
3. the prem	ises are now open for bu	siness (If not expl	ain below)		
SIGNED BY:	Individual, Partner or	· Authorized Corp	orate Officer		1
DATE:	TELEPHONE I	NUMBER:		RIDENTIFICAT	
			(Note: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe certificate of liquor lia	ector and the hea	d of the fire departı	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
(ii disuppioved expi	······				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800004		CITY OR TOWN WI	ESTBOROUGH
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: DOM VITO'S INC.			
DOING BUSINESS A ARTURO'S RIST	ORANTE		
ADDRESS 50 EAST MAIN STREET			
CITY/TOWN: WESTBOROUGH	STATE: MA	ZIP CODE: 01	581
MANAGER: FABIANO, TYP DOMENICO	E OF LICENSE: Rest	aurant CATE	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
THE NORTHEAST PORTION OF A BU- WITHIN A SHOPPPING CENTER. A FU (3) POINTS OF EGRESS AND A SEATI	JLL SERVIVE REST	AURANT, THE PREM	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	he same type for the s	same premises now licer	nsed;
2. the licensee has complied with	all laws of the Comm	onwealth relating to tax	es; and
3. the premises are now open for b	ousiness (If not explain	in below)	
SIGNED BY: Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEPHONI	E NUMBER:	EMPLOYER IDE	NTIFICATION NUMBER:
		(Note: NOT Individua	al Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building insplicense and (2) the certificate of liquor l	pector and the head	certificate required by of the fire department	al Social Security Number) 7 Chapter 304 of the for the above named
Acts of 2004, signed by the building insplicense and (2) the certificate of liquor leaves Check Below:	pector and the head	certificate required by of the fire department	Chapter 304 of the for the above named of the Acts of 2010.
Acts of 2004, signed by the building ins license and (2) the certificate of liquor l Please Check Below: APPROVED:	pector and the head	certificate required by of the fire department quired by Chapter 110	Chapter 304 of the for the above named of the Acts of 2010.
Acts of 2004, signed by the building insplicense and (2) the certificate of liquor length Please Check Below: APPROVED: DISAPPROVED:	pector and the head	certificate required by of the fire department quired by Chapter 110 LOCAL LICENSING	Chapter 304 of the for the above named of the Acts of 2010.
Acts of 2004, signed by the building ins license and (2) the certificate of liquor l Please Check Below: APPROVED:	pector and the head	certificate required by of the fire department quired by Chapter 110 LOCAL LICENSING	Chapter 304 of the for the above named of the Acts of 2010.
Acts of 2004, signed by the building insplicense and (2) the certificate of liquor length Please Check Below: APPROVED: DISAPPROVED:	pector and the head	certificate required by of the fire department quired by Chapter 110 LOCAL LICENSING	Chapter 304 of the for the above named of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14	43800005		CITY OR TOWN	WESTBUR	KUUGH
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DESCRIPTION OF LICAPPROX. 6,398 SQ. FT RECEPTION AREA, Ell I hereby certify and sweet 1. the renewed 12. the licensee h	RUBY TUESDAY STREET BOROUGH SI, TIMOTHY TYPE OF ASE ALSO VISIT OUR WEBSITE CENSED PREMISES: T. WITH DINING ARE NTRANCE AND EXIT ar under penalties of pe license will be of the sa has complied with all la	TATE: MA F LICENSE: Rest AND ENTER YOUR EMA EAS, KITCHEN, TS. crijury that: time type for the saws of the Commit	OFF- ICE, STOR.	v licensed;	
2. the licensee h 3. the premises		ws of the Comm	onwealth relating		
SIGNED BY:	ndividual, Partner or Au	uthorized Corpor	ate Officer		
DATE:	TELEPHONE NU	JMBER:		R IDENTIFICAT	FION NUMBER: Security Number)
We the undersigned, a Acts of 2004, signed by license and (2) the cert	y the building inspecto	or and the head	of the fire depart	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800006	(CITY OR TOWN	WESTBOR	OUGH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: WESTBOROUGH MEMOR	RIAL POST #	9013, V.F.W.		
DOING BUSINESS A				
ADDRESS 9A MILK ST.				
CITY/TOWN: WESTBOROUGH STAT	TE: MA	ZIP CODE:	01581	
MANAGER: Perry, George A. III TYPE OF LIG	CENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND IDESCRIPTION OF LICENSED PREMISES: TWO FLOORS, FOUR ROOMS ON FIRST FLOOR CANTEEN, ONE MEETING HALL; SECOND FIRST I hereby certify and swear under penalties of perjurgation of the same of t	OR CONSIST LOOR AND : ry that:	TING OF TWO RE STORAGE ROOM	IS.	, ONE
2. the licensee has complied with all laws of	of the Commo	onwealth relating t	o taxes; and	
3. the premises are now open for business	(If not explai	n below)		
SIGNED BY: Individual, Partner or Autho DATE: TELEPHONE NUMB			D IDENTIFIC AT	ION NI IMPED.
TELEPHONE NUMB	BER:	(Note: NOT Inc	R IDENTIFICAT lividual Social Sc	
We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector are license and (2) the certificate of liquor liability in	nd the head	certificate requir of the fire depart quired by Chapte	ed by Chapte ment for the r 116 of the A	er 304 of the above named Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		By:	SING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800007		CITY OR TOWN	WESTBOR	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: MPG WESTBOR	OUGH LLC			
DOING BUSINESS A PICCADILLY F	PUB RESTAURANT			
ADDRESS 17 CONNECTOR RD				
CITY/TOWN: WESTBOROUGH	STATE: MA	ZIP CODE:	01581	
MANAGER: Bingham, Steve TY	PE OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	ISES:			
66' X 92' BUILDING(6,072SQ. FT.) AL 1/2 BASEMENT THAT WILL BE USE VENEER.FRONT ENTRANCE,EMERODINING ROOM. INTERIOR STAIRW	D FOR STORAGE ON GENCY EXIT AT KIT	N- LY. WOOD FRA CCHEN. EMER GE	AME, BRICK NCY EXIT ([
I hereby certify and swear under penaltie	es of perjury that:			
1. the renewed license will be of	f the same type for the	same premises now	licensed;	
2. the licensee has complied wit		_	o taxes; and	
3. the premises are now open fo	r business (If not expla	in below)		
SIGNED BY: Individual, Partne	er or Authorized Corpor	rate Officer		
	er or Authorized Corpor	rate Officer		Ì
Individual, Partne	er or Authorized Corpor			TON NUMBER: ecurity Number)
Individual, Partne	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: NOT Ind	lividual Social	ecurity Number) er 304 of the above named
Individual, Partner DATE: TELEPHOR We the undersigned, attest that we ar Acts of 2004, signed by the building in license and (2) the certificate of liquor	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: NOT Ind	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partner DATE: TELEPHO! We the undersigned, attest that we ar Acts of 2004, signed by the building ir license and (2) the certificate of liquois Please Check Below: APPROVED:	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: NOT Inc. certificate require of the fire departs equired by Chapte	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partner DATE: TELEPHOI We the undersigned, attest that we ar Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: NOT Indicate require of the fire departe equired by Chapte LOCAL LICENS	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partner DATE: TELEPHO! We the undersigned, attest that we ar Acts of 2004, signed by the building ir license and (2) the certificate of liquois Please Check Below: APPROVED:	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: NOT Indicate require of the fire departe equired by Chapte LOCAL LICENS	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.
Individual, Partner DATE: TELEPHOI We the undersigned, attest that we ar Acts of 2004, signed by the building in license and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	NE NUMBER: e in possession (1) the aspector and the head	EMPLOYER (Note: NOT Indicate require of the fire departe equired by Chapte LOCAL LICENS	ed by Chapto ment for the r 116 of the	er 304 of the above named Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 143800008		CITY OR TOWN	WESTBUR	ROUGH
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: HARRY'S INC.				
DOING BUSINESS	S A HARRY'S RESTA	URANT			
ADDRESS 149 TU	RNPIKE ROAD				
CITY/TOWN: WE	ESTBOROUGH	STATE: MA	ZIP CODE:	01581	
	HEN, JON- TYPI CHAEL	E OF LICENSE:Res	taurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMISE	ES:			
ROUTE 9; ONE FL	LOOR, ONE ROOM.				
	swear under penalties of				
	wed license will be of the		•		
2. the licen	see has complied with a	all laws of the Comm	nonwealth relating	to taxes; and	
3. the prem	ises are now open for b	usiness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner of	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
			(Note: NOT In	ndividual Social S	Security Number)
We the undersigne	ed, attest that we are i	n possession (1) the	certificate requi	red by Chant	er 304 of the
Acts of 2004, signe	ed by the building insp	pector and the head	of the fire depar	tment for the	above named
license and (2) the	certificate of liquor li	ability insurance re	equired by Chapt	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)				
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 143800009		CITY	OR TOWN	WESTBOR	ROUGH
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A	A COURTYARD BY		TEL HOL	DINGS, LL	С	
ADDRESS 3 TECHN		COT A TOP 1	77	D CODE	01501	
CITY/TOWN: WES		STATE: MA		P CODE:	01581	
MANAGER: HANI	RATTY, RYANTYPE	OF LICENSE:	nnholder	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF L	LEASE ALSO VISIT OUR WEB		R EMAIL ADDI	RESS		
RESTAURANT AND WOOD FRAME HOTE FT. WITH TWO MADISABLED.	FEL BLDG. WITH 98 IN ENTRANCES/ EX	GUEST ROOM CITS,BOTH OF	IS.FIRST	FL. HASAI	PROX. 17,69	91 SQ .
I hereby certify and sv	•	1 0 0	ı		1. 1	
	d license will be of the has complied with a	• 1	•			
	es are now open for b			_	o taxes, and	
	•					
SIGNED BY:	Individual, Partner o	r Authorized Cor	porate Of	ficer		
DATE:	TELEPHONE	NUMBER:	(1			FION NUMBER:
We the undersigned Acts of 2004, signed license and (2) the c	by the building insp	ector and the he	ad of the	fire depart	ment for the	above named
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved explain	 n)					
The state of the s	,					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800010		CITY OR TOWN	WESTBOR	OUGH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: CENTRAL HOUSE, INC	2.			
DOING BUSINESS A				
ADDRESS 44 SOUTH				
CITY/TOWN: WESTBOROUGH ST	ΓATE: MA	ZIP CODE:	01581	
MANAGER: FLOOD, DANIEL B. TYPE OF	LICENSE: Inn	holder CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
THREE FLOORS-EIGHTEEN ROOMS, FIRST ROOMS; THIRD FLOOR: SEVEN ROOMS; C			ND FLOOR:	SEVEN
I hereby certify and swear under penalties of per	jury that:			
1. the renewed license will be of the sar	ne type for the	same premises now	licensed;	
2. the licensee has complied with all lav	ws of the Comp	nonwealth relating to	taxes; and	
3. the premises are now open for busine	ess (If not expla	nin below)		
SIGNED BY:				
Individual, Partner or Au	thorized Corpo	rate Officer		
DATE: TELEPHONE NUL	MBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social So	ecurity Number)
We the undersigned, attest that we are in pos	ssession (1) the	e certificate require	ed by Chapte	er 304 of the
Acts of 2004, signed by the building inspecto	r and the head	of the fire departn	nent for the	above named
license and (2) the certificate of liquor liability	ty insurance r	equired by Chapter	116 of the A	Acts of 2010.
Please Check Below:		LOCAL LICENS	ING AUTHO	DRITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800011		CITY OR TOWN	WESTBOR	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: SABATINI REST. INC.				
DOING BUSINESS A				
ADDRESS 33 SOUTH ST.				
CITY/TOWN: WESTBOROUGH S'	ΓATE: MA	ZIP CODE:	01581	
MANAGER: SABATINI, PETER TYPE OF	LICENSE:Re	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
ONE STORY RESTAURANT SEATING CAP		ORTY EIGHT.		
I hereby certify and swear under penalties of per	•			
1. the renewed license will be of the sar	• •	•		
2. the licensee has complied with all law		_	taxes; and	
3. the premises are now open for busine	ess (If not expl	ain below)		
SIGNED BY: Individual, Partner or Au	thorized Corn	orate Officer		
marviduai, i artifei of 710	unorized corp	orace officer		
DATE: TELEBRIONE NIL	. CDED	EMDI OVED	IDENTIFICAT	CION NI IMPER.
TELEPHONE NU	MBER:	(Note: NOT Ind		FION NUMBER:
		(· · · · · <u>- · · · ·</u> · · ·		country i variable)
We the undersigned, attest that we are in po				
Acts of 2004, signed by the building inspecto license and (2) the certificate of liquor liabili				
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 143800012		CITY OR TOWN	WESTBOROUGH	
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICENS	SED FOR 2013 YEAR	
		S, LLC	ZIP CODE:	01581	
MANAGER: BRO		OF LICENSE: Res		ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT		IAIL ADDRESS		
FULL SERVICE RE	LICENSED PREMISES: ESTAURANT ENCOMPA CE AREA, STORAGE A	ASSING A DINI		DUNGE, KITCHEN,	
	see has complied with all lesses are now open for busing the second seco	ness (If not expla	in below)	o taxes; and	
DATE:	TELEPHONE N	UMBER:		IDENTIFICATION NUMBER:	
Acts of 2004, signed	d by the building inspec	tor and the head	of the fire departn	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800013		CITY OR TOWN	WESTBOR	OUGH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: NYAJ Westborough DOING BUSINESS A Not Your Average ADDRESS 291 TURNPIKE RD				
CITY/TOWN: WESTBOROUGH	STATE: MA	ZIP CODE:	01581	
MANAGER: CAPLAN, SETH TYPE	E OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE APPROX. 5165 SQ FT OF INTERIOR SP RESTROOMS, OFFICE STORAGE AND TO INTERIOR DINING AREA	ACE FOR DINING			GUOUS
1. the renewed license will be of th 2. the licensee has complied with a 3. the premises are now open for b SIGNED BY:	le same type for the all laws of the Comn usiness (If not expla	nonwealth relating to iin below)		
Individual, Partner of DATE: TELEPHONE			IDENTIFICAT	
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor liq	ector and the head	of the fire departm	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 143800014		CITY OR TO	WN WESTEU	KUUGH
APPLICATION FOR	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A	arant of Westboro,	Inc		
ADDRESS 95 TURN				- 0.1-0.1	
CITY/TOWN: WE	STBOROUGH	STATE: MA	ZIP COD	E: 01581	
MANAGER: Frugg	giero, Gerard D TYP	E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	<mark>please also visit our we</mark> LICENSED PREMIS		EMAIL ADDRESS		
TWO BLDGS: ONE	BLDG. CONTAINING ROOM ON THE SEC	NG THREE ROOM			
•	wear under penalties				
	ed license will be of t	• 1	•		
	ee has complied with			ing to taxes; and	
5. the premi	ses are now open for l	ousiness (ii not exp	piani below)		
SIGNED BY:	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPL	OYER IDENTIFICA	ΓΙΟΝ NUMBER:
	TEEEI HOIVI	2 IVOWIDER.	(Note: NO	<u>T</u> Individual Social S	Security Number)
Acts of 2004, signed	d, attest that we are a d by the building ins certificate of liquor l	pector and the he	ad of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain)	 nin)				
(11 disapproved expit	·····				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED BY LIC	CENSEES DURING THE	MONTH OF NOVEME	BER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800015		CITY OR TOWN WE	STBOROUGH
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: BERGSON ICE CR	EAM & FOOD SHO	PS INC.	
DOING BUSINESS A BERGSON'S 1790	HOUSE		
ADDRESS 206 TURNPIKE RD.			
CITY/TOWN: WESTBOROUGH	STATE: MA	ZIP CODE: 01	581
MANAGER: PEARSON, KURT TYPE E.	E OF LICENSE: Rest	aurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
TWO FLOORS, THE FIRST FLOOR OF SECOND FLOOR ALSO HAS FIVE ROCHAS FOUR ROOMS AND THE SECOND STORAGE.	MS, THE FIRST FL	OOR OF THE CONNE	ECTING HOUSE
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	e same type for the s	same premises now licer	ised;
2. the licensee has complied with a		•	es; and
3. the premises are now open for b	usiness (If not explai	n below)	
SIGNED BY: Individual, Partner of	or Authorized Corpor	rate Officer	
DATE: TELEPHONE	NUMBER:		NTIFICATION NUMBER:
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor li	ector and the head	of the fire department	for the above named
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expialli)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 143800016	(LITY OR TOWN WEST	DUKUUUH
APPLICATION FO	R RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME:	ACACIA FUNCTIO	NS LLC		
DOING BUSINESS	A ACACIA FUNCTION	ONS @ INDIAN ME	EADOWS	
ADDRESS 275 TUI	RNPIKE RD.			
CITY/TOWN: WE	STBOROUGH	STATE: MA	ZIP CODE: 01581	
MANAGER: TRU	JONG,TOM T. TYPE	OF LICENSE: Resta	aurant CATEGOI	RY: All Alcohol
EMAIL ADDRESS:	:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	S:		
			S, NO CELLAR, KITCHEN O ENTRANCES AND EX	
I hereby certify and	swear under penalties of	f perjury that:		
1. the renew	ved license will be of the	e same type for the sa	ame premises now licensed	;
	•		onwealth relating to taxes;	and
3. the premi	ises are now open for bu	ısiness (If not explaii	n below)	
SIGNED BY:	Individual, Partner of	r Authorized Corpora	ate Officer	
	,	·		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIF	TICATION NUMBER:
	TEEETHONE	TOMBER.	(Note: NOT Individual So	cial Security Number)
*** 41 1 .	1 44 441 4	• (1) (1	4.6. 4 . 11 . 61	4 204 641
			certificate required by Cl of the fire department for	
license and (2) the	certificate of liquor lia	ibility insurance red	quired by Chapter 116 of	the Acts of 2010.
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:	•			
(If disapproved expl	aın)			
				<u> </u>
DATE:			-	<u> </u>



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 143800017		CITY OR TOWN	WESTBOROUGH	
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2013		
			REEN ZIP CODE:	YEAR 01581	
MANAGER: O'RE		OF LICENSE: Res		ATEGORY: All Alcohol	ı
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT		AAIL ADDRESS		
	LICENSED PREMISES		I DAGENENT D		
DECK.	DDEN FRAME STRUCT	URE WITH FUL	L BASEMENT P C	ORCH AND SIDE	
	ises are now open for bus Individual, Partner or A	iness (If not expla	nin below)		
DATE:	TELEPHONE N	UMBER:		LIDENTIFICATION NUMBER:	
Acts of 2004, signe	d by the building inspec	tor and the head	l of the fire departi	ed by Chapter 304 of the ment for the above name r 116 of the Acts of 2010.	d
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	43800019		CITY OR TOWN	WESTBUR	ROUGH
APPLICATION FOR R	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: J	.P.'S RESTAURANT	PUB, INC.			
DOING BUSINESS A	J.P.'S RESTAURAN	ΓPUB			
ADDRESS WESTMEA	ADOW PLAZA				
CITY/TOWN: WEST	BOROUGH	STATE: MA	ZIP CODE:	01581	
MANAGER: ANTON	NIO, JOSEPHTYPE C	OF LICENSE: Rest	aurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					1
PLE	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LIG	CENSED PREMISES:	:			
PORTION ONE STOR DINING ROOM.	Y STRUCTURE WIT	'H KITCHEN, TV	VO RESTROOMS	, OFFICE, BA	AR AND
I hereby certify and swe	ear under penalties of p	perjury that:			
1. the renewed	license will be of the	same type for the s	same premises now	licensed;	
2. the licensee	has complied with all	laws of the Comm	onwealth relating t	to taxes; and	
3. the premises	are now open for bush	iness (If not explain	in below)		
SIGNED BY:					
I	Individual, Partner or A	Authorized Corpor	rate Officer		
DATE:	TELEPHONE N	UMBER:		R IDENTIFICAT	
			(Note: NOT Inc	dividual Social S	ecurity Number)
We the undersigned,	attest that we are in 1	oossession (1) the	certificate requir	ed by Chanto	er 304 of the
Acts of 2004, signed b	y the building inspec	tor and the head	of the fire depart	ment for the	above named
license and (2) the cer	tificate of liquor liab	ility insurance re	quired by Chapte	r 116 of the A	Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain))				
D.A.TE			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800020	C	CITY OR TOW	N WESTBOR	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: J. BOYLE O'REILLY CO	OUNCIL # 85 KG			
DOING BUSINESS A CHARITABLE COR K	/A COLUMBIA	N		
ADDRESS 17 WILLOW ST.				
CITY/TOWN: WESTBOROUGH ST	ΓΑΤΕ: MA	ZIP CODE:	01581	
MANAGER: SYLVESTER, TYPE OF ROBERT	LICENSE:Club	,	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
ONE-STORY BLDG., FOUR ROOMS, LOUN	GE KITCHEN A	ND STORAGE	•	
I hereby certify and swear under penalties of per	rjury that:			
1. the renewed license will be of the sar	me type for the sa	me premises no	w licensed;	
2. the licensee has complied with all law	ws of the Commo	nwealth relating	to taxes; and	
3. the premises are now open for busine	ess (If not explain	below)		
SIGNED BY:				
Individual, Partner or Au	thorized Corpora	te Officer		
DATE: TELEPHONE NUI	MRFR.	EMPLOY	ER IDENTIFICAT	TION NUMBER:
TELET HONE IVO	WIBER.	(Note: NOT]	Individual Social S	ecurity Number)
We the undersigned, attest that we are in pos				
Acts of 2004, signed by the building inspecto				
license and (2) the certificate of liquor habili-			ici iio di inc.	Acts of 2010.
license and (2) the certificate of liquor liability				
Please Check Below:	•	LOCAL LICEN		
Please Check Below: APPROVED:	•			
Please Check Below:		LOCAL LICEN		
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICEN		
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICEN		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800021		CITY OR TOWN	WESTBOR	OUGH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: WESTBORO	QUICK MART, INC.			
DOING BUSINESS A WESTBOR	O QUICK MART, INC.			
ADDRESS 11 MILK STREET				
CITY/TOWN: WESTBOROUGH	STATE: MA	ZIP CODE:	01581	
MANAGER: ALAM, ANIS	TYPE OF LICENSE:P	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSED PR				
1 STORY BUILDING LOCATED A AND EXIT ARE LOCATED AT FI			FEET. ENTF	RANCE
2. the licensee has complied 3. the premises are now ope SIGNED BY: Individual, Pa		olain below)	taxes, and	
DATE: TELEP	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 143800024		CITY OR TOWN	WESTBOI	ROUGH
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ENT. INC.A MAS	SACHUSETTS CO	ORP		
DOING BUSINESS	A WESTBORO SH	IELL			
ADDRESS 27 EAST	MAIN STREET				
CITY/TOWN: WE	STBOROUGH	STATE: MA	ZIP CODE:	01581	
MANAGER: MAS	SSIH, DALE TY	PE OF LICENSE:P	Cackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W		EMAIL ADDRESS		
DESCRIPTION OF				T EDONIT O	E
			ENTRANCE/EXI T A' IN COOLER;TWO I		F
EXITS,ONE THRO	UGH OFFICE AND	ONE THROUGH	CAR WASH BAY.		
I hereby certify and s	swear under penalties	s of perjury that:			
			ne same premises now		
	-		nmonwealth relating t	o taxes; and	
3. the premi	ses are now open for	business (If not ex	plain below)		
SIGNED BY:	Individual, Partner	r or Authorized Cor	porate Officer		
	mar radai, rarare	or radionized cor	portite officer		
DATE:	TEI EPHON	NE NUMBER:	EMPLOYEI	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEELITION	VE NOWIDER.	(Note: NOT Inc	lividual Social S	Security Number)
n					
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expla	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800027		CITY OR TOW	N WESTBOR	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: TANG/FONG CORI	PORATION			
DOING BUSINESS A CHENG-DU REST	ΓAURANT			
ADDRESS 157 TURNPIKE ROAD				
CITY/TOWN: WESTBOROUGH	STATE: MA	ZIP CODE:	01581	
MANAGER: TANG, SUNDI TYPE FONG	E OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR E	EMAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISE	ES:			
ONE STOR BLDG;2 DINING ROOMS,	KITCHEN. BAR-I	LOUNGE, CELLA	R FOR STORA	AGE.
I hereby certify and swear under penalties of	of perjury that:			
1. the renewed license will be of th	ne same type for the	e same premises no	w licensed;	
2. the licensee has complied with a	all laws of the Com	monwealth relating	g to taxes; and	
3. the premises are now open for b	ousiness (If not exp	lain below)		
SIGNED BY:				
Individual, Partner o	or Authorized Corp	orate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
TELLITIONE	ANGINIBER.	(Note: NOT	Individual Social S	Security Number)
We the undersigned, attest that we are in				
Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lie				
-	v			
Please Check Below: APPROVED:		LOCAL LICEN	NSING AUTH	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
. 11 /				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800028		CITY OR TOWN	WESTBOR	OUGH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: KUMA VEN	TURES INC.			
DOING BUSINESS A TOPSHELF	WINE & SPIRITS			
ADDRESS 276 TURNPIKE ROAD)			
CITY/TOWN: WESTBOROUGH	STATE: MA	ZIP CODE:	01581	
MANAGER: PATEL, KUSHAL	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		L
DESCRIPTION OF LICENSED PR	REMISES:			
FACILITY IS A COMPLETELY S PACKAGE STORE HAS A CHAI AUXILLARY STORAGE SPACE I RUNG OF STEEL SHELVES AND	N LINK FENCE, WALL IS DIRECTLY BEHIND	TO CEILING, ENTR THE CAGED AREA	RANCE AND	EXIT.
I hereby certify and swear under per	nalties of perjury that:			
 the renewed license will the licensee has complied the premises are now open 	d with all laws of the Con	nmonwealth relating to		
SIGNED BY: Individual, P	artner or Authorized Corp	oorate Officer		
DATE: TELEF	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800029		CITY OR TOWN	WESTBOR	OUGH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: WESTBORUGH PACK	AGE STORE,	INC.		
DOING BUSINESS A				
ADDRESS 2 WEST MAIN STREET				
CITY/TOWN: WESTBOROUGH S'	TATE: MA	ZIP CODE:	01581	
MANAGER: HALPERN, RALPH TYPE OF T.	LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
THREE STORY BLDG. TWO ROOMS ON T FOR STORE. CELLAR FOR STORAGE.	HE FIRST FLO	OOR ONE FOR STO	RAGE AND	ONE
2. the licensee has complied with all la 3. the premises are now open for busin SIGNED BY: Individual, Partner or Au	ess (If not expl	ain below)	taxes; and	
DATE: TELEPHONE NU	MBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHO	DRITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	VIBER: 143800030		CITY OR TOWN	WESTDUR	KOUGH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSIN	AME: PRO WINE, IN NESS A JULIO'S LIQ O TURNPIKE ROAD				
	WESTBOROUGH	STATE: MA	ZIP CODE:	01581	
MANAGER:		TYPE OF LICENSE:P	ackage Store C	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	N OF LICENSED PRE ENT, MEZZAININE				
2. the 1	licensee has complied premises are now open	e of the same type for the with all laws of the Conference of for business (If not expertner or Authorized Corporation)	nmonwealth relating blain below)		
DATE:	TELEPH	HONE NUMBER:		R IDENTIFICAT dividual Social S	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	143800031		CIT	Y OR TOWN	N WESTBOR	ROUGH
APPLICATION FOR	RENEWAL:	Annu	al	LICE	NSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 227 TURN	OUTBACK ST		FLORIDA	LLC		
CITY/TOWN: WEST		STATE:	MA	ZIP CODE:	01581	
MANAGER: FOLE		YPE OF LICENS			CATEGORY:	All Alcohol
EMAIL ADDRESS:						
<u> </u>	CENSED PREM ZA, TURNPIKE OOM,KITCHE	E ROAD AND M N,2 PUBLICK R	ILK STRE	ET;6400 SQ. IS,1 ENTRAN	N- CE/EXIT IN	
2. the licensee 3. the premise	l license will be has complied w	of the same type in the	for the same Commony	vealth relating		
SIGNED BY:	Individual, Partı	ner or Authorized	Corporate	Officer		
DATE:	TELEPHO	ONE NUMBER:			ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building	inspector and th	e head of t	he fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		L0 B; 		ISING AUTHO	ORITY
DATE:			_			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 143800033		CITY OR TOV	VN WESTBOI	ROUGH
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SUNSHINE CONVEN	NIENCE FOOD	STORE, INC.		
DOING BUSINESS	A SUNSHINE CONVE	ENIENCE FOOI	O STORE, INC.		
ADDRESS 65 EAS	T MAIN STREET				
CITY/TOWN: WE	STBOROUGH	STATE: MA	ZIP CODE	: 01581	
MANAGER: VAI	KII, TYPE (HAMMAD	OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		_
	LICENSED PREMISES	:			
ONE ROOM, FIRS	Γ FLOOR.				
	see has complied with all ises are now open for bus	siness (If not exp	olain below)	ng to taxes; and	
DATE:	TELEPHONE N	NUMBER:		OYER IDENTIFICATION IN THE PROPERTY OF THE PRO	
Please Check Below: APPROVED:			LOCAL LICI By:	ENSING AUTH	ORITY
DISAPPROVED: (If disapproved expl	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 143800039		CITY	OR TOWN	WESTBOR	ROUGH
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS	;			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 132 TUR	A	/ESTBOROUGH,II	NC.			
CITY/TOWN: WES	STBOROUGH	STATE:	MA ZI	P CODE:	01581	
MANAGER: CHE	N, XIU RU	ΓΥΡΕ OF LICENSE	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF		R WEBSITE AND ENTER YO	OUR EMAIL ADDI	RESS		
DOWNTOWN CRO AS ONE ENTERS T TOGETHER WITH	HE MALL.ABO	UT 4,000 SQ. FT.O	the state of the s			
2. the license	ed license will be ee has complied v ses are now open	of the same type for with all laws of the Companies (If not the companies of the Companies of the Companies (If not the Companies of the Compa	Commonwea explain belo	lth relating tow)		
DATE:	TELEPH	ONE NUMBER:	O			TION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the	d by the building	inspector and the	head of the	fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	uin)		LOC By:	'AL LICENS	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 143800040		CITY OR TOW	N WESTBOR	ROUGH
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 153 TUI	RNPIKE RD.				
CITY/TOWN: WE	STBOROUGH	STATE: MA	ZIP CODE:	: 01518	
MANAGER: SHI,	XUE QING T	YPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	ONSTRUCTION I	BLDG. WILL OCCUI AREA IN FRONT OF			
I hereby certify and	swear under penalti	ies of perjury that:			
1. the renew	ved license will be	of the same type for th	ne same premises n	ow licensed;	
	-	ith all laws of the Con		ng to taxes; and	
3. the premi	ses are now open f	for business (If not exp	olain below)		
SIGNED BY:	Individual, Partr	ner or Authorized Corp	porate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
Acts of 2004, signe	d by the building	are in possession (1) t inspector and the hea or liability insurance	ad of the fire dep	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	 ain)				
(alsappio rea expi	/				
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY	Y LICENSEES DURING THE	MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 143800042		CITY OR TOWN	WESTBOR	ROUGH
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	Hisa Japanese Cuisine,	Inc			
DOING BUSINESS	A Hisa Japanese Cuisine				
ADDRESS 21 SOU	TH STREET				
CITY/TOWN: WE	STBOROUGH	STATE: MA	ZIP CODE:	01581	
MANAGER: Cher	n, Xiao Hong TYPE O	F LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EM	MAIL ADDRESS		_
	LICENSED PREMISES:				
	XITS.2475 SQ. FT. ON F MMON WITH FIRST FI				
 the renew the licens 	swear under penalties of powed license will be of the state has complied with all lasses are now open for busing Individual, Partner or A	ame type for the aws of the Commess (If not expla	nonwealth relating to ain below)		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are in p d by the building inspec certificate of liquor liabi	tor and the head	d of the fire departm	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
(If disapproved expla	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 143800044		CITY OR TOWN	WESTBOROUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	FOUR FRIENDS, IN	C.		
DOING BUSINESS	A ZITI'S ITALIAN T	RATTORIA		
ADDRESS 290 TU	RNPIKE ROAD			
CITY/TOWN: WE	STBOROUGH	STATE: MA	ZIP CODE:	01581
MANAGER: PAL A.	ENCIA,OSCAR,TYPE	OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS	
	LICENSED PREMISE			
	OAD; SPEEDWAY SHO 300 SQ. FT. OF LEASE			
	swear under penalties of			
1. the renew	ved license will be of the	e same type for the	same premises now	licensed;
2. the licens	see has complied with al	l laws of the Com	nonwealth relating to	taxes; and
3. the premi	ises are now open for bu	ısiness (If not expl	ain below)	
SIGNED BY:	Individual, Partner or	· Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, signe	d by the building insp	ector and the head	d of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expl	ain)			
(alsappio rea expi	/			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 143800045		CITY OR TOWN	WESTBOROUGH
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SPYRO ECONOMO)U		
DOING BUSINESS	A WESTBORO HOU	SE OF PIZZA		
ADDRESS 36 EAS	T MAIN STREET			
CITY/TOWN: WE	STBOROUGH	STATE: MA	ZIP CODE:	01581
MANAGER: ECC O	ONOMOU,SPYR TYPE	OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:	,			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
	LICENSED PREMISE			
3000 SQ. FT. REST indoor and 40 outdo	'AURANT OFFERING or patio seats	GREEK AND IT.	ALIAN FOOD seati	ing capacity of 70
	swear under penalties o	f perjury that:		
1. the renew	ved license will be of th	e same type for the	e same premises now	licensed;
2. the licens	see has complied with a	ll laws of the Com	monwealth relating to	taxes; and
3. the premi	ises are now open for bu	usiness (If not expl	ain below)	
SIGNED BY:	Individual, Partner o	r Authorized Corn	orate Officer	
	marviduai, i artiici o	1 Authorized Corp	orate Officer	
DATE:	TELEPHONE	MI IMPED.	EMPLOYER	R IDENTIFICATION NUMBER:
	TELEFTIONE	NUMBER.		ividual Social Security Number)
C	•	•	_	ed by Chapter 304 of the nent for the above named
license and (2) the	certificate of liquor lia	ability insurance	required by Chapter	r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [(If disapproved expl	ain)			
(ii disappioved expi	u111 <i>)</i>			<u>-</u>
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143	3800046		CITY (OR TOWN	WESTBOR	ROUGH
APPLICATION FOR RE	NEWAL:	Annua	1	LICEN	ISED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: Me	ndon Wine & S ₁	pirits, Inc				
DOING BUSINESS A D	ivine Wine and	Spirits				
ADDRESS 1100 UNION	STREET					
CITY/TOWN: WESTBO	OROUGH	STATE:	MA ZII	CODE:	01581	
MANAGER: Fayad, Mi	ichelle TYF	E OF LICENS	E:Package Sto	ore C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WI	EBSITE AND ENTER Y	OUR EMAIL ADDR	ESS		_
DESCRIPTION OF LICE	ENSED PREMIS	SES:				
11,500 SQFT STORE IN CUSTOMER EXIT DOO ON ONE FLOOR IN LEA	R IN FRONT, 4					
1. the renewed lie 2. the licensee ha 3. the premises an SIGNED BY:	s complied with	all laws of the	Commonweal	th relating		
Inc	lividual, Partner	or Authorized	Corporate Off	icer		
DATE:	TELEPHON	E NUMBER:	1)			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCA By:	AL LICEN	SING AUTH	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 143800047		CITY OR TOWN	WESTBUR	ROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
DOING BUSI	AME: HIGHPOINT LIC NESS A HIGHPOINT B CONNECTOR ROAD				
	WESTBOROUGH	STATE: MA	ZIP CODE:	01581	
MANAGER:		PE OF LICENSE: Pa		ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	CMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PREM	ISES:			
2. the		th all laws of the Com	monwealth relating to		
DATE:	TELEPHO	NE NUMBER:	EMPLOYEF (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 143800053		CITY OR TOW	N WESTBUR	ROUGH
APPLICATION FO	R RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TMG OF NEW ENGL	AND LLC			
DOING BUSINESS	A TED'S MONTANA	GRILL			
ADDRESS 400 UNI	ION ST, SUITE A-104				
CITY/TOWN: WE	STBOROUGH	STATE: MA	ZIP CODE:	01581	
	AMMER, TYPE OBERT	OF LICENSE: Rest	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES	:			
5536 SQ FT BUILD	OING WITH BAR, DININ	NG ROOM AND I	PATIO AREA.		
• •	swear under penalties of p				
	ved license will be of the	• 1			
2. the licens	see has complied with all	laws of the Comm	onwealth relatin	g to taxes; and	
3. the premi	ises are now open for bus	iness (If not explain	in below)		
SIGNED BY:					
	Individual, Partner or A	Authorized Corpor	rate Officer		
DATE:	TELEPHONE N	IUMBER:	EMPLO?	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersione	ed, attest that we are in p	nossession (1) the	certificate regi	iired hy Chant	er 304 of the
Acts of 2004, signe	d by the building inspec	tor and the head	of the fire depa	rtment for the	above named
license and (2) the	certificate of liquor liab	ility insurance re	equired by Chap	oter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
D 4 mg					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

(CITY OR TOWN WESTB	OROUGH
Annual	LICENSED FOR	2013
CLASS		YEAR
URANT		
STATE: MA	ZIP CODE: 01581	
OF LICENSE: Resta	urant CATEGOR	Y: All Alcohol
SITE AND ENTER YOUR EMA	IL ADDRESS	
N WITH TWO POIN N FRONT AND KIT	TS OF EGRESS (FRONT & CHEN. OFFICE AND STO	& REAR)
f perjury that:		
e same type for the sa	me premises now licensed;	
ll laws of the Commo	nwealth relating to taxes; an	d
ısiness (If not explair	below)	
r Authorized Corpora	te Officer	
NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
ector and the head o	of the fire department for t	he above named
	LOCAL LICENSING AUT	HORITY
	By:	
	Annual CLASS URANT STATE: MA OF LICENSE: Resta SITE AND ENTER YOUR EMANT SS: ESTAURANT SPECEN WITH TWO POINT N FRONT AND KITO HON OF ALCOHOL of perjury that: e same type for the sa Il laws of the Common asiness (If not explain a companion of the common of the commo	Annual LICENSED FOR CLASS URANT STATE: MA ZIP CODE: 01581 OF LICENSE: Restaurant CATEGORY SITE AND ENTER YOUR EMAIL ADDRESS S: ESTAURANT SPECIALIZING IN KOREAN EN WITH TWO POINTS OF EGRESS (FRONT & FRONT AND KITCHEN. OFFICE AND STON OF ALCOHOL SERVICE BAR of perjury that: e same type for the same premises now licensed; and laws of the Commonwealth relating to taxes; and usiness (If not explain below) The Authorized Corporate Officer NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Propossession (1) the certificate required by Chapter 116 of the Individual Social Propossession (1) the Corporate Officer LOCAL LICENSING AUTHORSES



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	4BER: 143800055		CITY OR TOWN	WESTBOR	ROUGH
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA DOING BUSIN ADDRESS 30 I		URANT,INC.			
	WESTBOROUGH	STATE: MA	ZIP CODE:	01581	
MANAGER:		E OF LICENSE: Res		ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREMISI	ES:			
	TRIP MALL RESTAURAL 46, SERVING CHINESE A) SEATING	
I hereby certify	and swear under penalties of	of perjury that:			
	renewed license will be of the	• 1			
	icensee has complied with a		•	to taxes; and	
3. the p	premises are now open for b	ousiness (If not explain	ain below)		
SIGNED BY:	Individual, Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:			TION NUMBER: ecurity Number)
Acts of 2004, s	signed, attest that we are i signed by the building insp the certificate of liquor li	ector and the head	l of the fire depart	ment for the	above named
Please Check Belov	<u>w:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 143800056		CITY OR	TOWN	WESTBOR	ROUGH
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	: BETTER FOOD WE	ESTBOROUGH	LLC			
DOING BUSINESS	S A TAVOLINO					
ADDRESS 33 EAS	T MAIN STREET					
CITY/TOWN: WE	ESTBOROUGH	STATE: MA	ZIP Co	ODE:	01581	
MANAGER: PER	RRAS, KAREN TYPE	E OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS			_
DESCRIPTION OF	LICENSED PREMISE	ES:				
INSIDE AND 24 O BY 29 CLOSELY S	D FLOOR OF NEWLY UTSIDEINCLUDES SPACED 18" WIDE PL SESS TO PATIO THRU	OUTDOOR PA ANTERS TO PE	TIO W/SEPA ROVIDE HEA	RATE A	ACCESS ENG	CLOSED
I hereby certify and	swear under penalties o	of perjury that:				
1. the renev	wed license will be of th	e same type for t	he same premi	ises now	licensed;	
2. the licen	see has complied with a	ll laws of the Co	mmonwealth r	elating t	o taxes; and	
3. the prem	ises are now open for b	usiness (If not ex	plain below)			
SIGNED BY:	Individual, Partner o	r Authorized Co.	rporate Office	r		
DATE:	TELEPHONE	NUMBER:				CION NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building insp certificate of liquor lia	ector and the h	ead of the fire	depart	ment for the	above named
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved exp	Loin)					
(11 disappioved exp.	iaiii <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 143800057		CITY OR TOWN	WESTBOR	ROUGH
APPLICATION FOR RENEWAL: Annual			LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	CHIPOTLE MEXICA	N GRILL OF CO	LORADO LLC		
DOING BUSINESS	A CHIPOTLE MEXIC	CAN GRILL			
ADDRESS 1 OAK S	ST.				
CITY/TOWN: WE	STBOROUGH	STATE: MA	ZIP CODE:	01581	
MANAGER: LOW	V, ERIC TYPE	OF LICENSE:Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	LICENSED PREMISES		0.000 ED DEED W	n n . n	205
DINING.	MEXICAN RESTAURA	ANT SERVING B	OTTLED BEER/W	INE IN INDO	JOR
 the renew the licens 	swear under penalties of yed license will be of the see has complied with al ses are now open for bu	same type for the laws of the Com	nonwealth relating t		
SIGNED BY:	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE I	NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are in d by the building inspe certificate of liquor lia	ctor and the hea	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	ain)				
^					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 143800058		CITY OR TOW	N WESTBOR	ROUGH	
APPLICATION FOR RENEWAL: Annual			LICI	LICENSED FOR 2013		
		CLASS			YEAR	
DOING BUSINESS	YOUNG NAM LEE A WESTBOROUGH		TAURANT			
ADDRESS 7 EAST						
CITY/TOWN: WE	STBOROUGH	STATE: M	A ZIP CODE:	01581		
MANAGER: LEE	, YOUNG NAM TYPE	E OF LICENSE:	Restaurant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEB		R EMAIL ADDRESS			
	LICENSED PREMISE		NI MATURII MATATIZINI	COOLED 1		
ENTRANCES/EXIT	M, CAPACITY OF 49 CS	, ONE KITCHE	N WITH WALK IN	COOLER, 2		
	see has complied with a ses are now open for b Individual, Partner of	usiness (If not ex	xplain below)	g to taxes; and		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT		
Acts of 2004, signe	d, attest that we are indicate the distance of the building inspecertificate of liquor li	ector and the h	ead of the fire depa	rtment for the	above named	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICE By:	NSING AUTH	ORITY	
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 143800059		CITY OR TOWN WESTER	DROUGH	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013	
		CLASS		YEAR	
LICENSEE NAME	: S & P ENTERPRI	SES LLC			
DOING BUSINESS	S A MING III				
ADDRESS 291 TU	RNPIKE RD.				
CITY/TOWN: WE	ESTBOROUGH	STATE: MA	ZIP CODE: 01581		
MANAGER: ME	HTANI,RAJAN TY	PE OF LICENSE: Res	taurant CATEGORY	: Wine and Malt Regular	
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:			
ENCLOSED OUT	OOOR PATIO SEATI SH KITCHSEN AREA	ING CAPACITY OF	NG CAPACITY OFF 73 CON 22, FRONT ENTRANCE WIT ACCESS TO OUTDOOR PA	TH REAR	
I hereby certify and	swear under penalties	s of perjury that:			
		* *	same premises now licensed;		
	-		nonwealth relating to taxes; and	d	
3. the prem	ises are now open for	business (If not expla	in below)		
CICNED DV					
SIGNED BY:	Individual, Partner	r or Authorized Corpo	rate Officer		
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICA	ATION NUMBER:	
12221			(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, signe	ed by the building in	spector and the head	e certificate required by Chap l of the fire department for th equired by Chapter 116 of th	ne above named	
Please Check Below:			LOCAL LICENSING AUT	HORITY	
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	loin)				
(11 disappioved expl	iaiii <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 143800060		CITY OR TOW	'N WESTBOR	ROUGH	
APPLICATION FOR	RENEWAL:	Annual	LIC	LICENSED FOR 2013		
		CLASS			YEAR	
	A SACHI JAPANESE	E STEAK HOUS	E			
ADDRESS 200 UNIO						
CITY/TOWN: WES	TBOROUGH	STATE: MA	ZIP CODE:	01581		
MANAGER: CHE	N, JU TYPE	OF LICENSE:	lestaurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE		EMAIL ADDRESS			
SEATING CAPACIT	FLOOR SPACE W/SE Y OF 30 IN AN OUT AR/LOUNGE W/THI	DOOR SHOPPI	NG PLAZA SETT	ING. RESTAUI		
2. the license	ed license will be of the se has complied with a ses are now open for bu	ll laws of the Cor	nmonwealth relatin			
SIGNED BY:	Individual, Partner o	r Authorized Cor	porate Officer			
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT		
Acts of 2004, signed	l, attest that we are in by the building inspertificate of liquor lia	ector and the he	ad of the fire depa	artment for the	above named	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICE By:	NSING AUTH	ORITY	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	143800061		CITY OR TOW	N WESTBOR	ROUGH
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 290 TURN	LD WINES				
CITY/TOWN: WEST	TBOROUGH ST	ΓΑΤΕ: MA	ZIP CODE:	01581	
MANAGER: DOWN	NEY, LESLIE TYPE OF	LICENSE:Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L	CENSED PREMISES:				
APPROX. 1654 SQ.FT SHELVING AROUNI	HIN THE STOP & SHO	SES WITH DO IELVING AN	OUBLE-SIDED, S ID COOLERS FO	SOLID-BACK R RETAIL SAL	E AND
2. the licensee	I license will be of the sar has complied with all law s are now open for busing	ws of the Com	nmonwealth relation		
SIGNED BY:	Individual, Partner or Au	thorized Corp	oorate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AUTHORITY By:		
DATE:					